


# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> DOCK'S SEAFOOD CONCESSIONS INC	<b>Telephone Number</b> Est 502-475-3968 Own	<b>Date of Inspection</b> 07/03/2022	<b>ID#</b>		
<b>Address</b> 107 W. LYNNWOOD DR, NEW ALBANY IN 47129					
<b>Owner</b> WILL KRAMER	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 07/13/2022		
<b>Owner's Address</b> 107 W. LYNNWOOD DR NEW ALBANY, IN 47150		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
<b>Person in Charge</b> TIM GLASS					
<b>Responsible Person's Email</b> DSC.INC@ICLOUD.COM					
<b>Certified Food Handler</b> WILL KRAMER TIM GLASS					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C ____ NC ____ R ____					
Received by (name and title printed): TIM GLASS			Inspected by (name and title printed): Christa Manus EHS		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	